

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Amie Bowen +
Died at Salisbury Town Wicomico County
Date of death 1909 Month May Day 11 Year 86 Age 86
Sex Female Color or Race Black
Occupation Housework Where Residing if not at place of death

MARYLAND

Married-Single or Widowed

Name of ~~Wife~~ or Husband

Sidney Bowen

Father's Name

Augustus Binens

Father's Birthplace

Do not know

Mother's Maiden Name

Elnore Smith

Mother's Birthplace

Mo

Name of person giving Information

Elnore Smith

How related to deceased

Mother

CAUSES OF DEATH

36

How long

Primary

Syphilis

6 years

Immediate

Exhaustion & Starvation

6 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

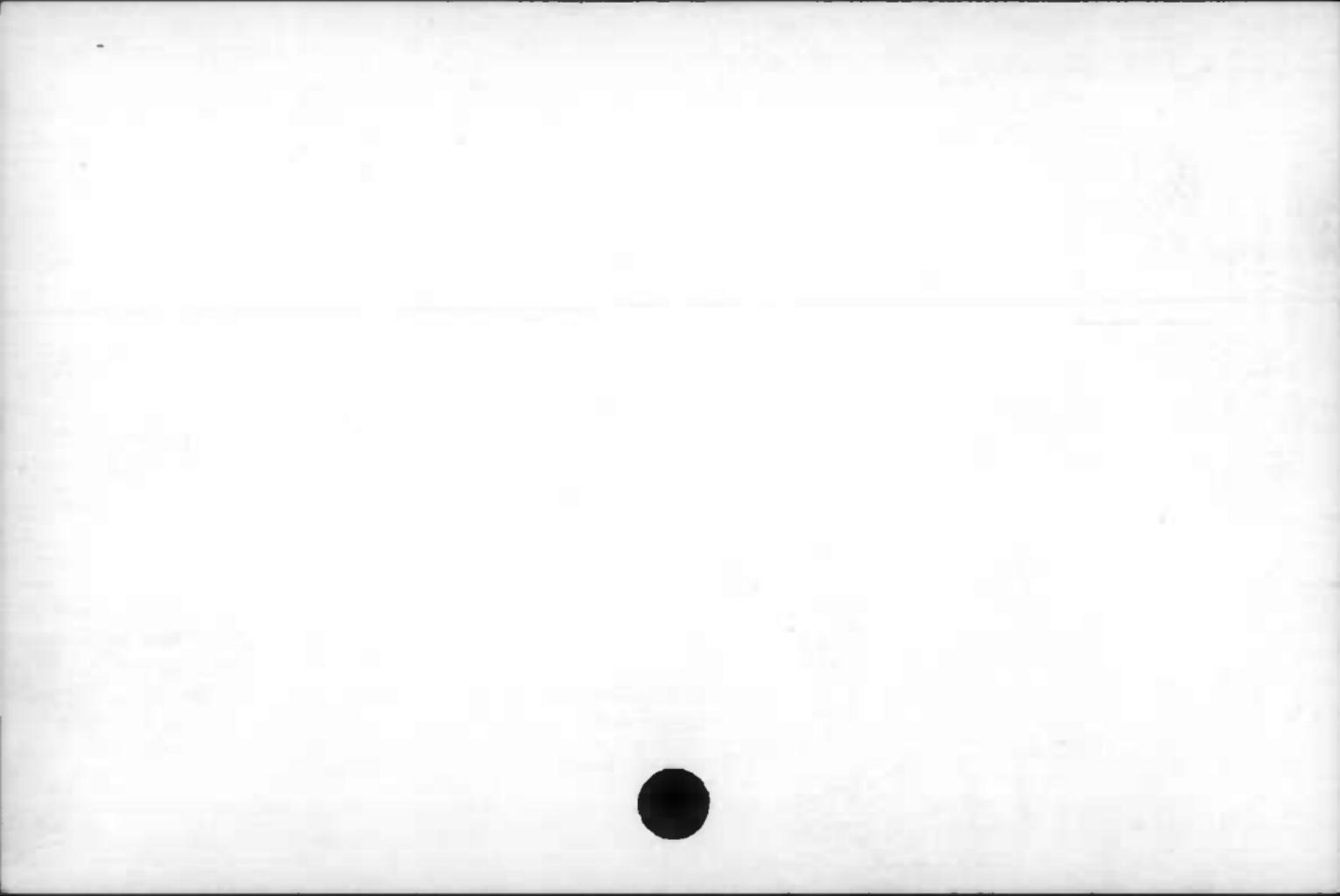
Signature of Physician

Address

D.B. Potter
Salisbury, Md.

Accident or Suicide

Holmes



Name
in
Full

Susan W. Curtis S
County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Town		County		MARYLAND	
Died at	Salisbury	Years	Months	Deys	Deys
Date of death	1909	Month	Day	Age	77
Sex	Female	Color or Race	White	Birth-place	Virginia
Occupation	Housework		Whare Raiding if not at place of death	In Virginia	
Married, Single or Widowed	Married	Name of Wife or Husband	Edward H. Custis		
Father's Name	Julia N. Parker		Father's Birthplace	Virginia	
Mother's Maiden Name	Marion Evans		Mother's Birthplace	Virginia	
Name of person giving Information	Eleanor Custis Munn		How related to deceased	Daughter	

PHYSICIAN & COONFER

CAUSES OF DEATH

Primary

Classification of stems

Immediate

42

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

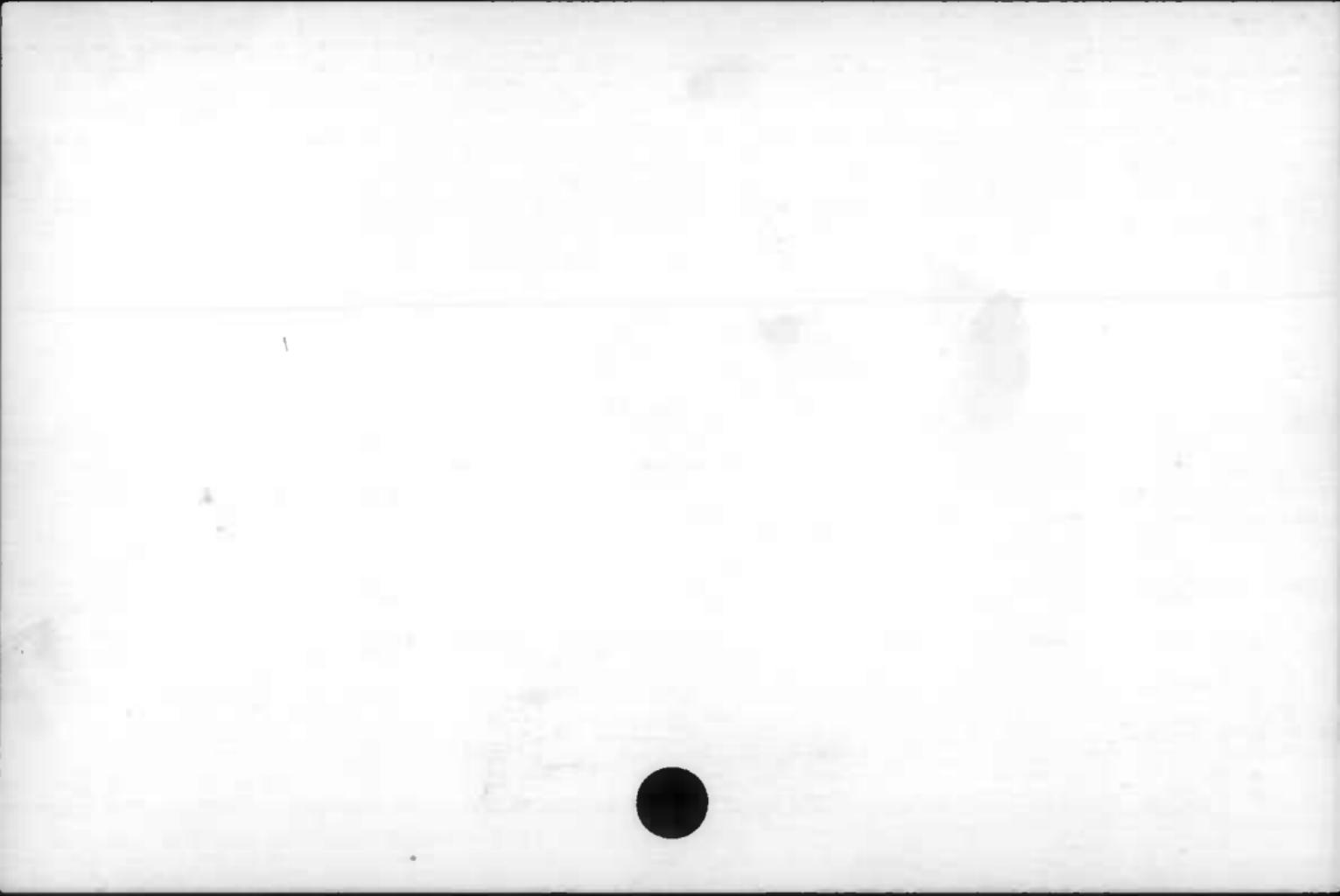
as I knowt

Accident or Suicide

221

How long

6 months
7 days later



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Wm Dashfield

+

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
White Haven		Wicomico				
Date of death	Month	Day	Years	Months	Days	
1909	May	13	Age 22	6	11	
Sex	Color or Race	Birth-place				
Male	Negro	Tyackin Md.				
Occupation	Where Realding if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Everlend Dashfield				
Married						
Father's Name	John W. Dashfield					Father's Birthplace
Mother's Maiden Name	Mary J. Dashfield					Mother's Birthplace
Name of person giving information	Moby J. Hamright					How related to deceased
Mother						

CAUSES OF DEATH

27

How long

How long

7 months

Primary

Tuberculosis of lung

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

R. G. Payntor
White Haven
Md.

Accident or Suicide

No 25:

Name

in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Julia A. Dashill

CERTIFICATE OF DEATH

Died at <u>her home</u>		Town	County <u>Wisconsin</u>	MARYLAND		
Date of death <u>1909</u>	Month <u>May</u>	Day <u>2</u>	Age <u>1</u>	Years	Months <u>2</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Maryland</u>				
Occupation		Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>William, Dashill</u>			Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Mary E. Dashill</u>			Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Father</u>			How related to deceased <u>Father</u>			

CAUSES OF DEATH

8

Primary

Hooping Cough

How long

4 weeks

Immediate

110

How long

— —

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Ed. English (coron
M. A. H. D. A. S. P. G. S.
Md.)

Accident or Suicide?

A



Name
in
Full

Rebecca Downing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Salisbury		Wicomico					
Date of death	1909	Month May	Day 16	Years 95	Months 1	Days 21	
Sex	Female	Color or Race	White		Birth-place	Wicomico Co., Md.	
Occupation	None	Where Residing if not et place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband	John R. Downing				
Father's Name	Scarborough	Parker	Father's Birthplace Maryland				
Mother's Maiden Name	Not known		Mother's Birthplace "				
Name of person giving Information	Mrs. Annie E. White	How related to deceased Daughter					

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary

Senile arterio-sclerosis

How long

several years

Immediate

Heart failure

How long

two hours

Are the name, age, sex, color, date
and place correctly given above?

yes

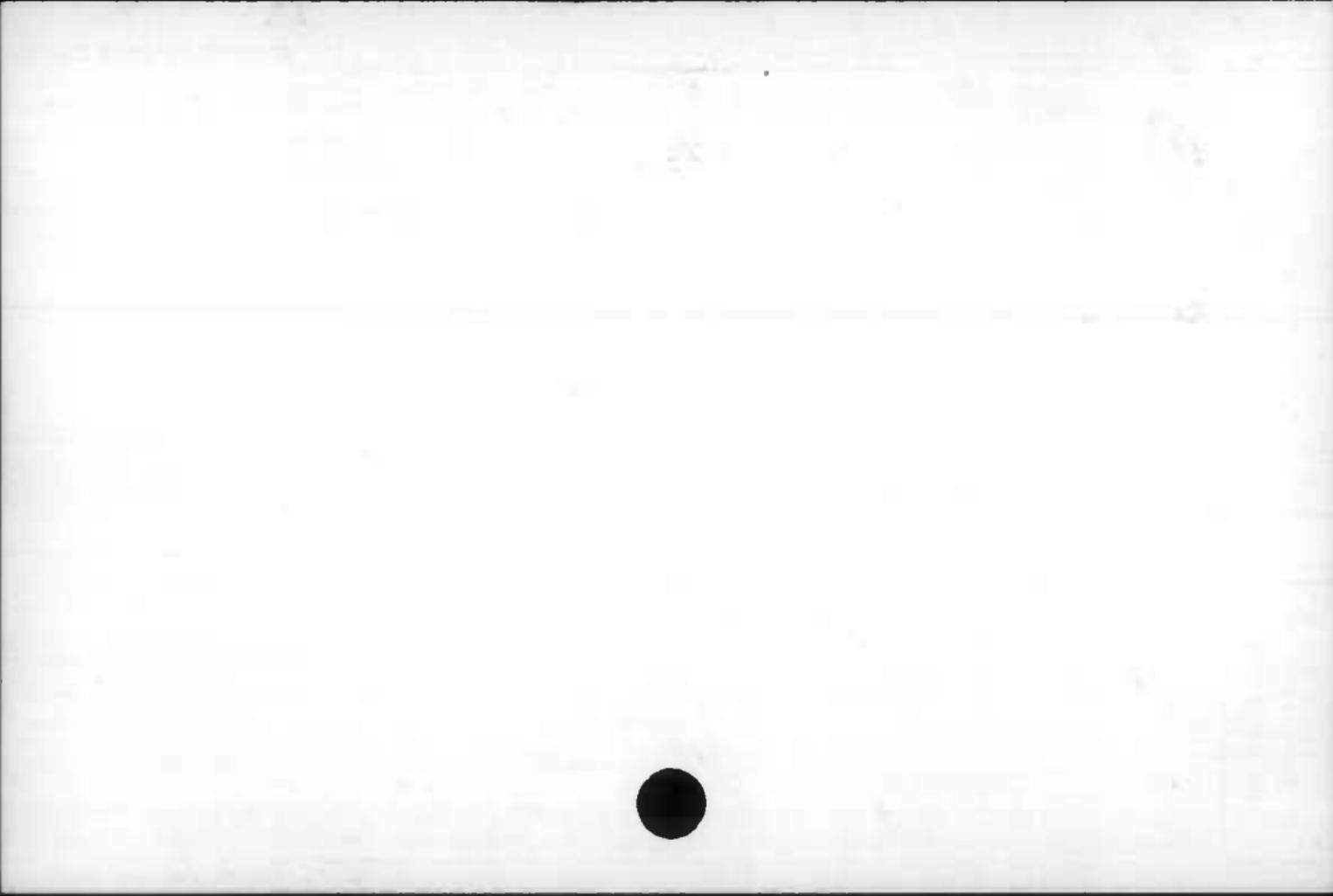
Signature of
Physician

Address

Louis W. Evans M.D.

Salisbury Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ernest J. Elliott

+

CERTIFICATE OF DEATH

Died at	Salisbury		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	May	14 th	14	3	14
Sex	Male	Color or Race	White	Birth-place	Salisbury Md.
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Name	Wicomico Md.
Mother's Maiden Name	Sarah A. Williams			Mother's Name	" "
Name of person giving Information	William J. Elliott			How related to deceased	Father

CAUSES OF DEATH

118

How long

4 days (2)

How long

3 days

Primary

Acute gangrenous appendicitis

Immediate

General peritonitis

Are the name, age, sex, color, date
and place correctly given above?

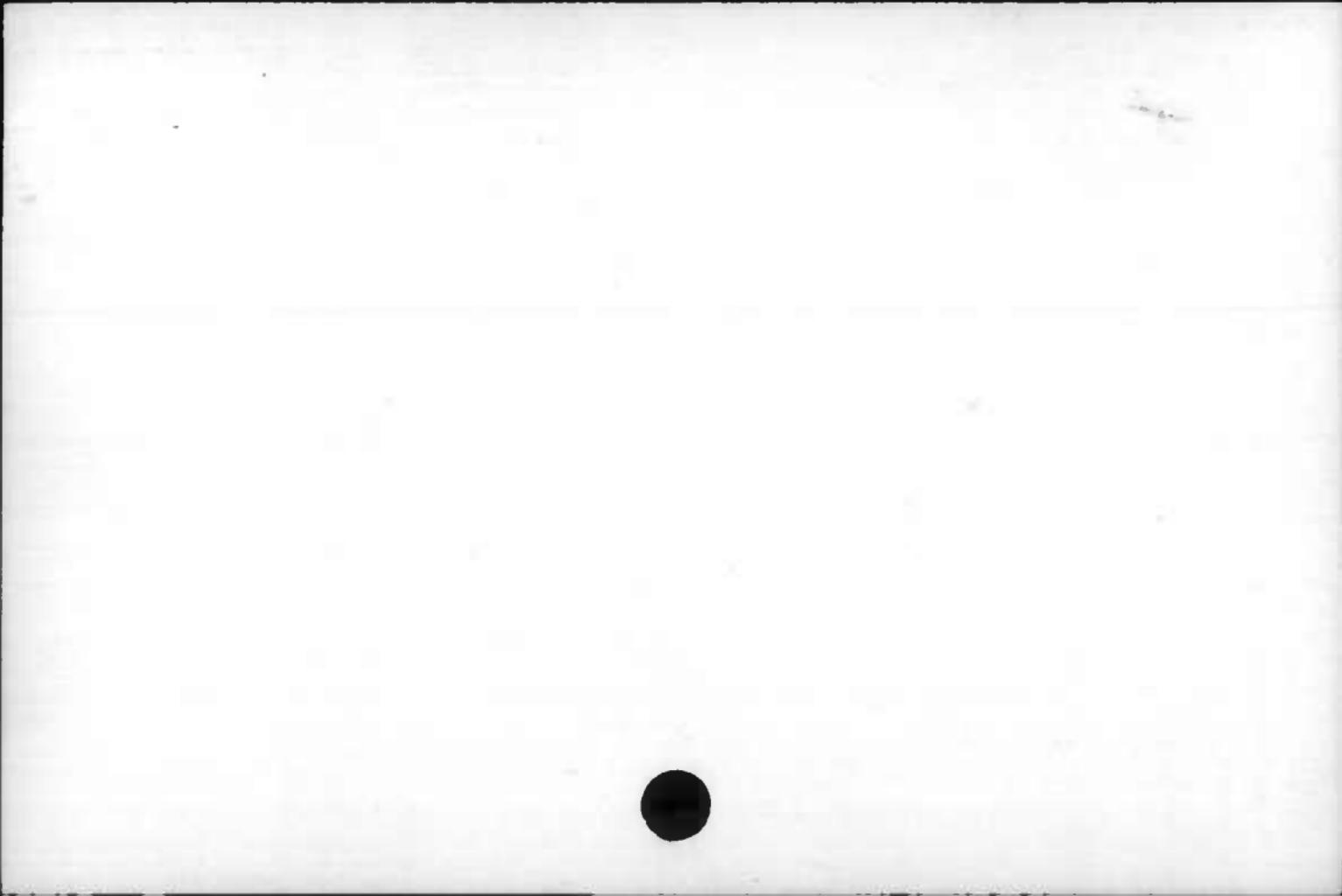
Signature of
Physician

Address

So far

Accident or Suicide

W



Name
in
Full

James Elzey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u>		County <u>Wicomico</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>May</u>	Day <u>20th</u>	Years <u>73</u>	Age <u>73</u>	Months <u>11</u>	Days <u>13</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Spasay Co. Del.</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Salisbury Md.</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Hester E. Elzey</u>		Father's Birthplace <u>Spasay Co. Del.</u>			
Father's Name <u>Charles Elzey</u>	Mother's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Patience Killian</u>	How related to deceased <u>Son</u>					
Name of person giving Information <u>Charles J. Elzey</u>						

CAUSES OF DEATH

Primary

Arterios - Ichroasis,

Immediate

Fracture & heart failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

81

How long

Don't know

How long

Don't know

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

John Henry Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County
Died at Nanticoke Wicomico
Date Month Day Years Months Days
of death 1909 May 9th 57 4 14
Sex Male Color or Birth-place
Race Colored Nanticoke
Occupation Sailor Where Residing if not
st place of death Nanticoke, Md.
Married, Single Name of Wife or
or Widowed Married Husband Milkey Evans.
Father's Name Henry Evans Father's Birthplace Nanticoke, Md.
Mother's Maiden Name Adelphie Barclay ? Mother's Birthplace Nanticoke, Md.
Name of person giving Information Son, Wm H. Evans How raised
Information to deceased Oldest Son.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Bronchitis

Immediate General Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes!

Signature of
Physician

Address

Edward E. Lamkin.
DR. EDWARD E. LAMKIN,
NANTICOKE, MD.

Accident or Suicide

90

How long

1 week

How long

3 days.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Virginia Brewington Gordy

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month	Day	Years	Months	Days	
		May	17	Age	56	6	24
Sex	Female	Color or Race	White		Birth-place	Salisbury Md.	
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	William S. Gordy		Father's Birthplace	Salisbury Md.	
Father's Name	Henry E. Brewington				Mother's Birthplace	Poconokel City Md.	
Mother's Maiden Name	Olintha Long				How related to deceased	Son	
Name of person giving Information	Wm S. Gordy Jr.						

CAUSES OF DEATH

Primary

Diabetes - Chronic ~~Py~~ Nephritis ~~surges~~, 1 year

Immediate

Worms Poisoning ~~surges~~ ~~surges~~

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Tom W. Morris MD.

50

How long

How long

Accident or Suicide

Name
in
Full

Infant of Ernest L. Guthrie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1909	Month May	Day 27 th	Years	Months
Sex Female	Color or Race	Age Dead Born	Days	
Occupation None	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband None			
Father's Name	Father's Birthplace " "			
Mother's Maiden Name	Mother's Birthplace " "			
Name of person giving Information	How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

8
How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

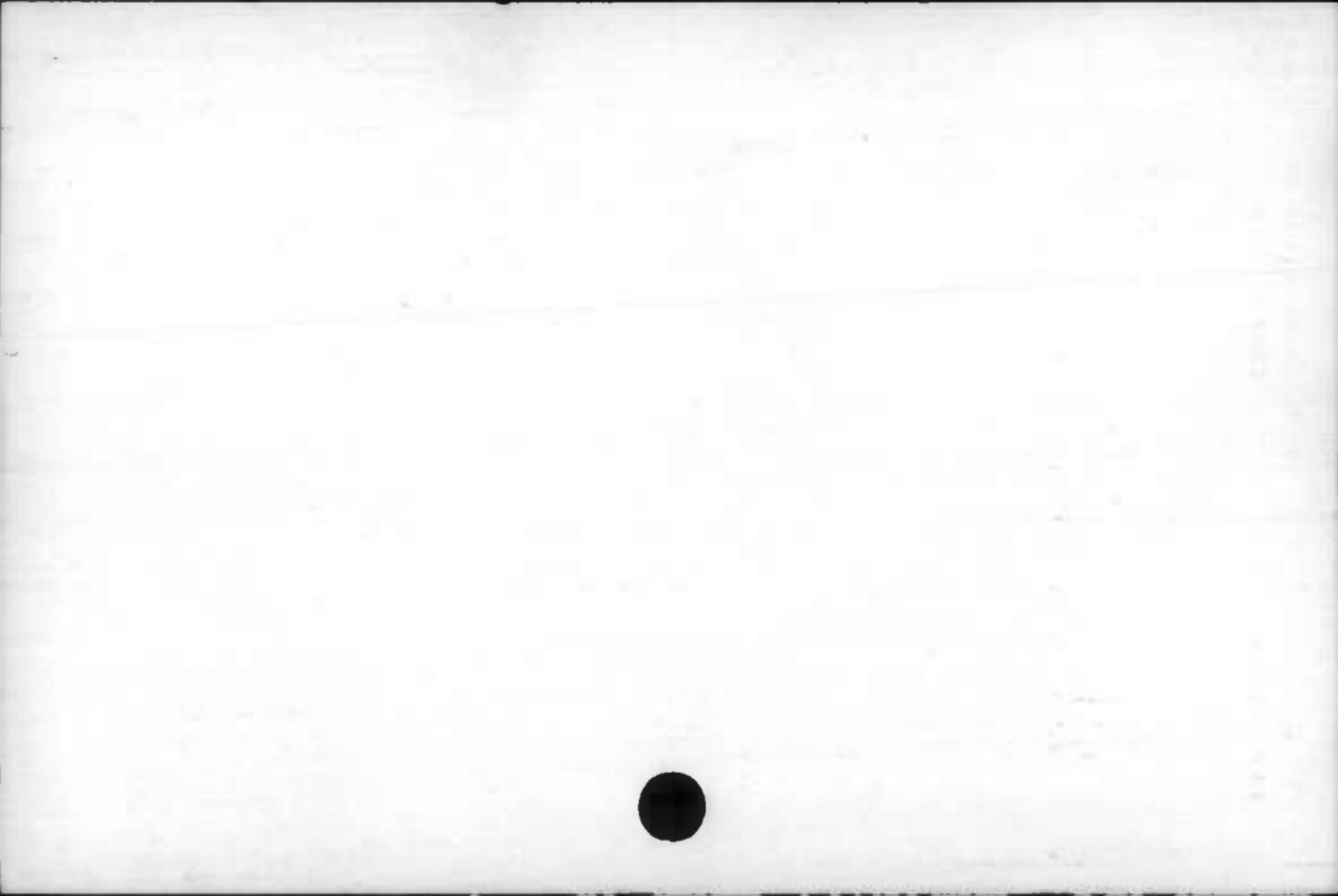
yes

Signature of Physician

Address

L.B. Potter
Salisbury M.J.

Accident or Suicide



Name
in
Full

Oliver Harcum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Near Allen		Town	County Wicomico		County + Maryland	
Date of death 1909	Month May	Day 5 th	Years Age 21	Months *	Days 14	
Sex Female	Color or Race	White		Birth- place Near Allen Md.		
Occupation None	Where Residing if not at place of death					
Married, Single or Widowed Single	Name of Wife or Husband		None			
Father's Name Blair Harcum	Father's Birthplace Maryland					
Mother's Maiden Name Mary Banks	Mother's Birthplace "					
Name of person giving Information Olivia Bounds	How related to deceased None					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Epilepsy

69

How long

16 years

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. J. T. Eng
Allen
Md.

Accident or Suicide

Name
in
Full

Bertha E. Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	18	—	—
Occupation	Housework		Where Residing if not at place of death		Salisbury Md.	
Married, Single or Widowed	Widow	Name of Wife or Husband	(unknown)		Harris	
Father's Name	Perry Brewington				Father's Birthplace	Wicomico Co. Md.
Mother's Maiden Name	Hester Smith				Mother's Birthplace	" " "
Name of person giving information	Perry Brewington				How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Supposed tuberculosis

Immediate
Exsanguination

Are the name, age, sex, color, date and place correctly given above?

as I know

Signature of Physician

Address

27

How long

How long

Committed?

yesterday

W. C. D. &
Salisbury Md.

Accident or Suicide

W

com

I only saw this woman towards
the last; from her history I
presume that she had pulmonary
tuberculosis.

J. M. C. D.

Name
in
Full

Henry Rubins +
Salisbury Meconic

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sax	Color or Race	Age			
Occupation	Where Residing if not at place of death			Birthplace	Rel
Married, Single or Widowed	Name of Wife or Husband	Ester Rubins			
Father's Name	Do not draw			Father's Birthplace	Don't know
Mother's Maiden Name	Mary Rubins			Mother's Birthplace	Do not know
Name of person giving Information	Ester Rubins			How related to deceased	wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Salmonella

10

How long

36

Immediate Cause (Toxicology)?

How long

2003

Are the name, age, sex, color, date and place correctly given above?

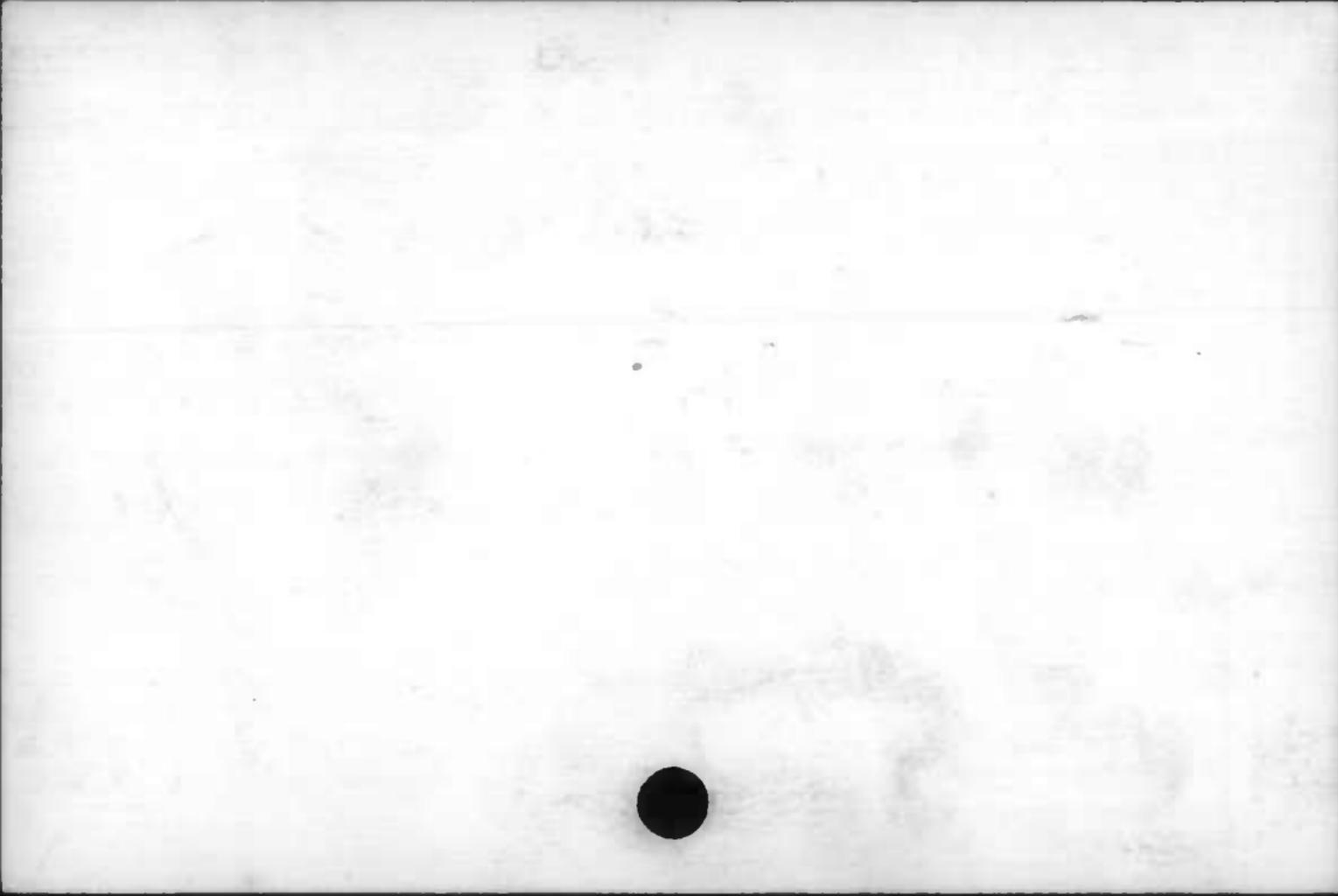
Signature of
Physician

Address

Accident or Suicide

Louis C. Rosen M.D.
Albany M.D.

Holloway



Name
in
Full

Lena H. Walter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Died at	near Hebron	Hieromies	St.	Months	Days
Date of death	1909	Month	Day	Age	Years
Sex	female	Color or Race	white	Birth-place	Quantico
Occupation	house-keeper				
Married, Single or Widowed	married	Name of Wife or Husband	Where Residing if not at place of death		
Father's Name	Roy C. Walter				
Mother's Maiden Name	Thomas B. Gordy				
Name of person giving Information	Janie. Grunfeld				
	Matti, Hartman				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Tuberculosis

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

27

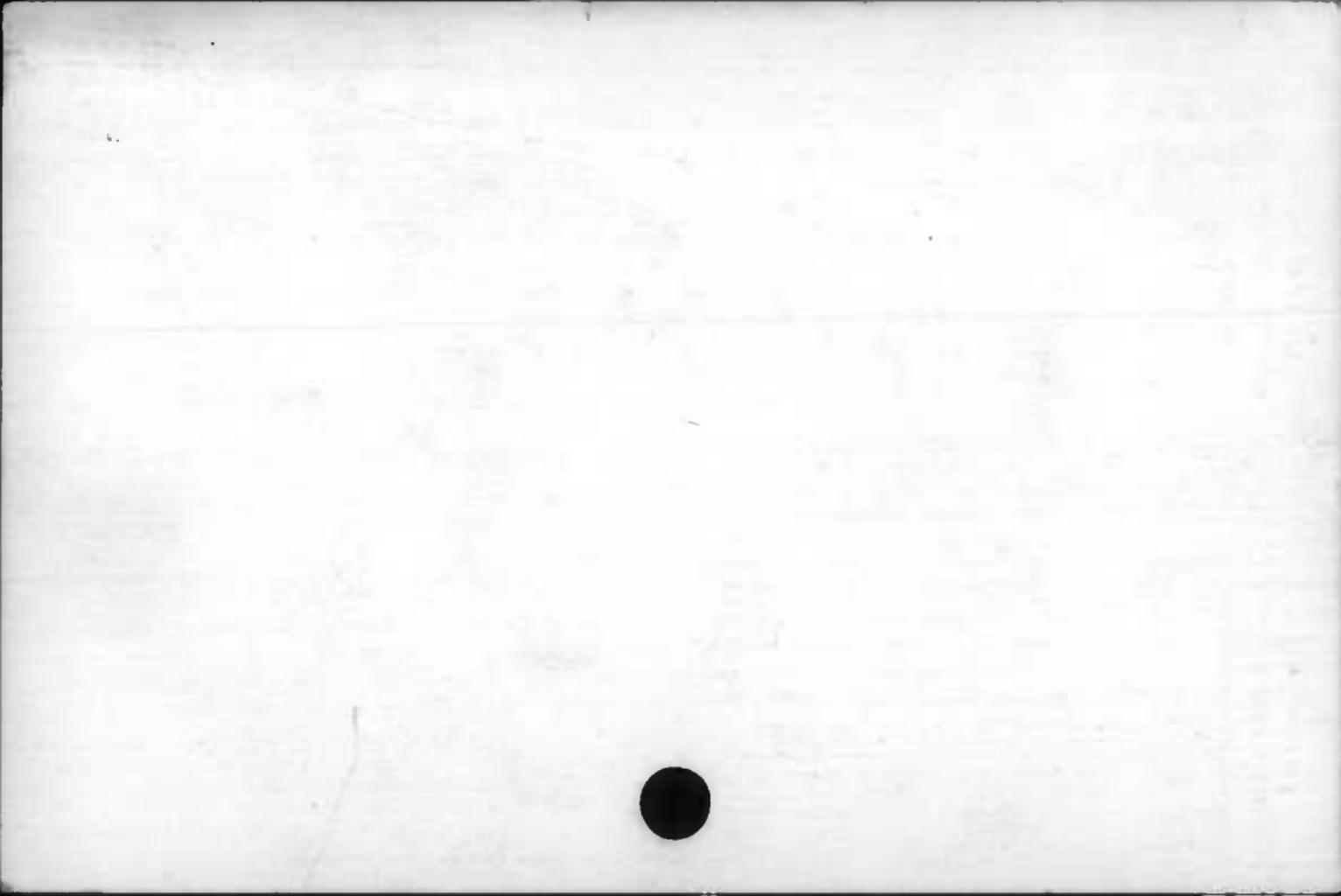
How long

How long

3 Months

H. C. Cornaway
Hebron
Md

Accident or Suicide



Name
in
Full

Edward T. West.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1909	Month May	Day 25	Years 49	Month 5
Sex Male	Color or race White	Age	Birth-place Wicomico Co. near Line Church	Days 18
Occupation Engineer	Where Residing if not at place of death Delmar, Del.			
Married, Single or Widowed Married	Name of Wife or Husband Emma T. West.	Father's Name Nathan G. West.	Wicomico Co. near Whiteville	
Mother's Maiden Name Mary E. Nelson		Mother's Birthplace Wicomico Co. near Molen's church		
Name of person giving Information Nathan G. West, Jr.	How related to deceased Son.	How long	66	How long

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate Railroad accident Newmarket May 25 1909

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Mr. Lader, Coroner

Accident or Suicide

Name
in
Full

Dorothy J. Whayland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Near Delmar Wicomico

Died at Date of death 1909 Month Day Years Months Days
May 25th 1 2 2

Sex Female Color or Race White Birth-place Wicomico Co. Md.

Occupation None Where Residing if not at place of death Near Delmar

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Leoler Whayland Father's Birthplace Wicomico Co. Md.

Mother's Maiden Name Lula B. Boston Mother's Birthplace " " "

Name of person giving Information Leoler Whayland How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Brain fever

60

How long

8 days

Immediate

Convulsion

7 hours

Are the name, age, sex, color, date and place correctly given above?

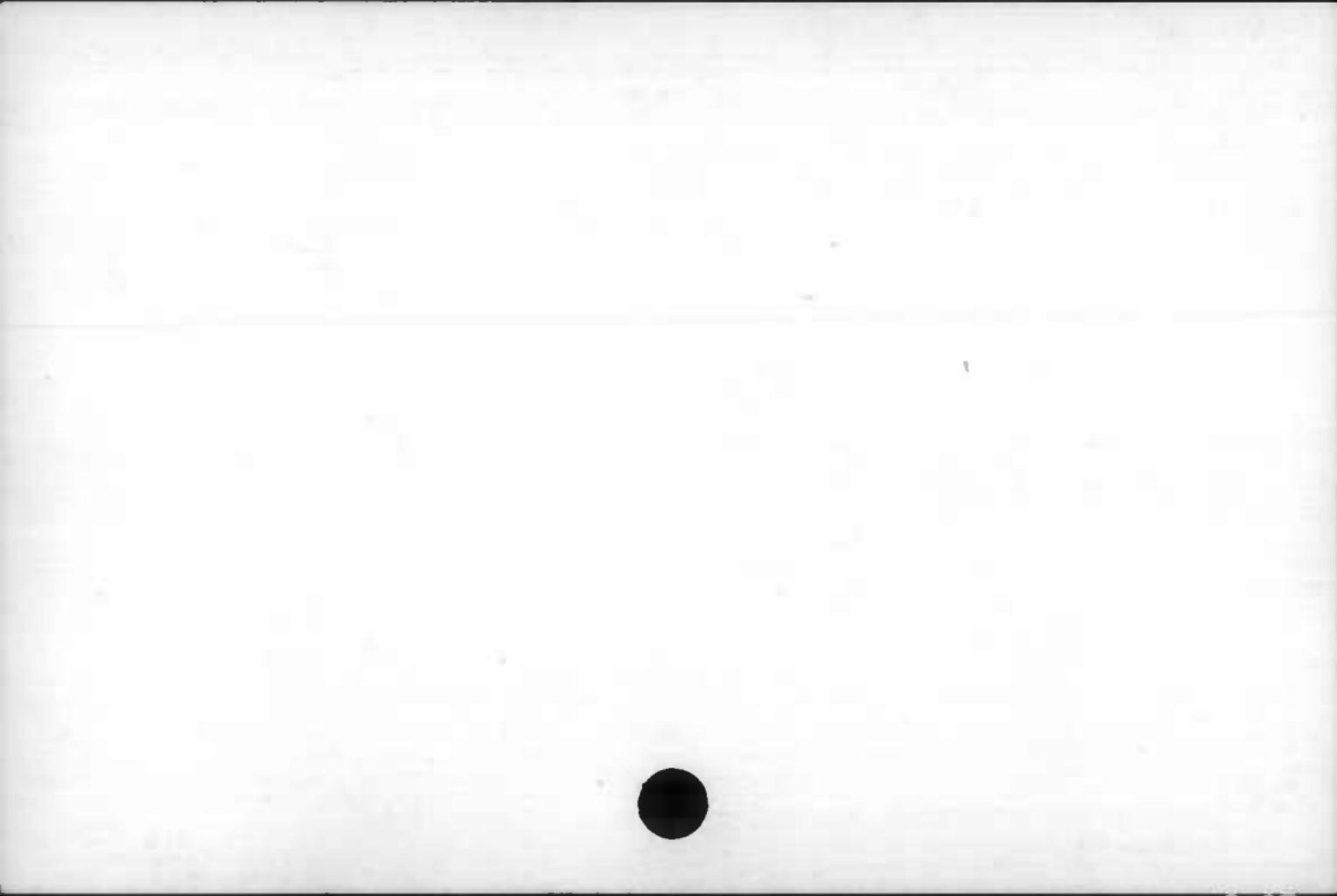
yes

Signature of
Physician

Address

James Grayshaw
Delmar Delaware

Accident or Suicide



Name
in
Full

Marion Williams

f

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury Town Wicomico County
Date of death 1909 May 13 Month Day Years
Age 6 Months Deye
Sex male Color or Recce white Birth-place Md
Occupation

Where Reciding if not
et place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

James C Williams

Father's
Birthplace

Md

Mother's
Maiden Name

Grace Smith

Mother's
Birthplace

Md

Name of person giving
Information

Marion C Williams

How related
to deceased

grandmother

CAUSES OF DEATH

28

Primary

Tubercular Meningitis

How long

few days

Immediate

2nd

How long

W. G. Bell
Salisbury

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Accident or Suicide

